Behavioral Health Advisory Council Meeting Minutes September 13, 2013

Members Present: Sonia Acosta (via phone), Julie Barron, Joelene Beckett (via phone), Linda Burghardt, Karen Cashen, Elmer Cerano, Mary Chaliman, Becky Cienki, Michael Davis, Norm DeLisle, Elizabeth Evans, Mary Beth Evans (via phone), Benjamin Jones (via phone), Shareen McBride, Kevin McLaughlin, Chris O'Droski, Stephanie Oles, Jeff Patton (via phone), Jamie Pennell, Neicey Pennell, Marcia Probst, Jane Raegan (for Lauren Kazee), Rafael Rivera (for Lonnetta Albright), Ben Robinson, Kristie Schmeige, Patricia Smith, Bill Tennant (via phone for Mark Reinstein), Brian Wellwood, Jeff Wieferich, Grady Wilkinson

Members Absent: Amy Allen, Marlene Lawrence, Kevin O'Hare, Lori Ryland, Sally Steiner, Cynthia Wright

Others Present: Crystal Carrothers, Deborah Hollis, Liz Knisely (via phone), Jennifer Stentoumis

Call to Order:

The meeting was called to order at 10:11 a.m.

Introductions

Everyone introduced themselves.

Approval of the June 28, 2013 Minutes:

Norm moved, Brian seconded. The minutes were approved.

Recovery Voices Update

The group is continuing to adjust their meeting schedule to accommodate members. They are creating specific committees based on skill sets and are trying to connect with other Recovery Community Organizations. In addition, they are re-branding the group with a new logo and working through some legislative targets. Two of the committees they that are developing are the legislative committee and the multiple pathways committee. The legislative committee is looking at legislation that may impact the state and/or specific regions. The multiple pathways committee is going to certain areas of the state that have developed RCOs to see what pathways they have developed for recovery and assessing their recovery service needs

Recovery Council Update

The July meeting was cancelled and the next meeting is Friday, September 20th. There will be a presentation about the Affordable Care Act and Medicaid Expansion at that meeting as well. There is a possibility that Linda could do the presentation for the BHAC in the future. Irene's memorial is Saturday, September 21st at Hawk Hollow in East Lansing at 2:00 p.m.

Recovery-Oriented Systems of Care Steering Committee Update

Jeff Wieferich mentioned that they have a meeting next week. Karen will email Kevin O'Hare to get an update on this committee.

Michigan Medicaid Expansion Updates

The Medicaid Expansion finally passed. It first failed and then there was a vote to reconsider. Elmer updated the group on the actual vote. The law does not include immediate effect in Michigan, so Michigan Medicaid Expansion does not start until April 1st even though the federal Affordable Care Act starts October 1st. Becky indicated that the Michigan Medicaid Expansion Plan will require two waivers to be approved by CMS before it can be implemented, therefore, there is a possibility that enrollment may not be able to start on April 1st.

Linda stated that the Michigan Consumers for Healthcare is hiring staff to help as navigators. Their phone number is 517-487-5436 if you would like to contact them.

Becky expressed her concern about capacity issues. Because this has been all down to the wire, systems have not really been actively preparing. Norm asked if the MI Primary Care Association has talking points to help explain better the capacity issues that the systems may be facing. Becky will check and send out to the Council anything that she may have that may be helpful in outlining this. Kristie indicated that MDCH worked with Health Management Associates (HMA) to create a report on substance abuse capacity issues that she will forward to the Council. Becky stated that the University of Michigan has done a study on primary care capacity and are getting ready to release a report on the mental health & substance abuse capacity in the next few weeks.

Jane updated the Council on a 6-month State Innovation Model grant that MDCH has received to work on healthcare integration and innovation that she heard about at another meeting. She will email that group in hopes of them looking at these types of capacity issues.

<u>Behavioral Health & Developmental Disabilities Administration Updates: Liz Kniselv</u>

MDCH Updates: MDCH is working with the Michigan Association of Community Mental Health Boards (MACMHB) and the Michigan Association of Substance Abuse Coordinating Agencies (MASACA) to assess capacity issues. The Medical Services Administration (MSA) is talking to the health plans as well.

Dual-Eligibles Project: The RFPs for the duals project were due this week. They are to be reviewed by committees and the start date is still July 1st.

Health Homes Project: The Health Homes project is progressing as well. There is not a lot of money, but they hope to target a few sites.

Mental Health Innovation Funds: \$1.5 million of the \$5 million mental health innovation funds was allocated to be bid out for Mental Health First Aid (MHFA) training across the state. They want to use existing MHFA trainers in the state and currently have about 110 trainers. \$2.5 million was earmarked to be contracted to the CMHSPs for home-based services for non-MA eligible individuals. The remaining \$1 million was allocated for intensive case management services for high-level kids. They are waiting on the Mental Health Commission recommendations to move forward on that money.

Mental Health and Wellness Commission: They are continuing to meet and have community forums. Their report is due in December.

Diversion Council: A full-time Diversion Coordinator will be hired by MDCH to help implement recommendations that come out of the Council.

Application for Proposals: All of the AFPs came in to MDCH in July. Each of the new 10 PIHPs are getting information technology readiness technical assistance, and contracts with the new PIHPs are to be ready to go January 1st. There will be boilerplate language with each contract, but there will also be individualized contractual language for each of the new regions to address specific regional issues.

B Waiver Renewal: MDCH had asked for an extension on this renewal to match the January 1st start date of the new PIHPs. In the renewal process, the B3 cost effectiveness issue arose again. DCH looked at several ways to address this issue with CMS, however, CMS said that there is no way around this requirement. MDCH is looking at applying for a 1915i state plan amendment to serve all adults with Intellectual/Developmental Disabilities (I/DD) to replace the Habilitation Support Waiver; B3 services will still be available. They also asked for another extension until March 1st so that the 1915i and B Waiver could be submitted simultaneously.

Rates: They are currently negotiating rates with new PIHPs and re-evaluating MA rates to start April 1st.

There are going to be a lot of amendments to contracts, extensions of contracts and variability in the next year to 18 months as the new regions begin to operate. Norm asked Liz if the sequestration will impact MDCH in any way. Liz indicated that the block grants (both MH & SA) are vulnerable to cuts due to the sequestration, but she did not know of any other impacts. Liz also spoke about talks that are occurring about how much general fund money the CMH/PIHP system will still require with Medicaid Expansion to cover things that Medicaid will never cover.

Jamie had a question about the Mental Health Innovation Grant money. Liz explained that the money is to fill the gap for kids who are not eligible for Medicaid, but are eligible for CMHSP services due to severity but cannot access those services because they cannot afford the ability to pay or the CMHSP has no General Fund dollars to serve them. Jamie also asked if Mental Health First Aid is targeted to

adults and kids or one or the other. Liz indicated that the RFP for these funds will include training people who have contact with a large number of youth and will have to intersect with the National Council and use the evidence-based practice of MHFA.

Establishing BHAC Priorities: Marcia Probst

Parity: There are many issues to look at in this arena even with the Affordable Care Act; like the 20 outpatient visits in the Medicaid Health Plans and substance abuse services in particular. Ben explained how the lack of or denial of coverage for MH or SA services impacts some of the people who try to access services through his facility. Neicey explained how tough it has been for her trying to transition into the adult mental health system and how the lack of parity has impacted her personally. Norm indicated that the mild/moderate benefit would be a good place to focus on parity. Linda indicated that she could be a liaison between the BHAC and Partners for Parity. Norm moved and Linda seconded that she be a liaison between the two groups. The motion was approved unanimously.

Grady indicated that he understood the essential benefits package in MI did not initially meet parity and he was wondering where that ended up. Linda said she could check with the ad hoc parity group to see if they have additional information and if not, go directly to LARA. She will also check to see if any states have essential benefits plans that do meet parity.

Promoting early screening and detection: Neicey and Jamie spoke a little about their personal experience with entering the mental health system. The MI Department of Education (MDE) has obtained a grant that will help integrate the health care system (including behavioral health) into schools. Perhaps this could help inform the group about how to make some recommendations in this arena.

Senate Bill 374 is now in the house and is just coming to the attention of the advocacy community re: a "hotline" directly to the Michigan State Police to report anonymously kids that are "dangerous." Linda indicated that NAMI has many trainings available for school personnel about mental health disorders and they are working with school-based health centers. MDE is looking at implementing some of these trainings. Stephanie indicated that all of these knee-jerk reactions to school violence do not address the real reasons that kids are struggling. Shareen indicated that access is the issue as well. If people are screened and need help, but cannot get it, then we still have a problem. Elmer commented that the approaches that are happening now are increasing stigma and keeping people from "identifying" kids because then they will be labeled and looked at differently.

Norm wondered if there are peer supports for kids who are all in the same boat. Marcia asked how to get the word out about peer supports for kids. Maybe current peer support specialists could mentor the youth. Perhaps the group feels that screening is not really the issue. It is the criteria for accessing service and providing

the right kinds of supports for kids who are living with mental disorders that is the issue. This is a priority for this group.

Elmer moved that the BHAC advise MDCH to oppose Senate Bill 374; Jamie seconded. Stephanie then suggested that there is a need to list the various reasons why the bill is bad. Elmer made a friendly amendment that Linda and Neicey will be the sub-committee that drafts the letter. The motion passed unanimously.

Shareen will contact LaTrice and Jasmine to talk about the youth peer movement in Wayne County at the next BHAC meeting. Chris will also do some outreach in his area regarding youth recovery coaches and asked each BHAC member to do the same in their areas regarding youth peer support.

Integrated Healthcare: Becky indicated that until the state puts their money where their mouth is regarding reimbursement for integrated care, it will never happen. The state needs to hold payers accountable for reimbursing for integrated services. BHAC could identify ways that the state could support proper reimbursement through an ad hoc committee or another avenue. Chris suggested a "Reimbursement Task Force". Kristie moved that a workgroup be developed to focus on reimbursement and other policy issues that impede integration; Norm seconded. Linda suggested the group be called "Delta Force Workgroup." The motion passed unanimously. Jane suggested that the Michigan Department of Insurance and Financial Services be consulted as well. Becky, Kristie, Norm and Kevin M. volunteered to be on this workgroup.

Addressing Gaps: Defining essential/ideal MH & SA services would be a good place to start by perhaps comparing the existing benefits to an ideal package. Kristie moved to create another workgroup to work on developing recommendations for the BHAC to vote on regarding the SA benefit package; Linda seconded. Stephanie asked if further analysis is warranted and Jeff indicated that it may be helpful. Stephanie then asked that the entire group receive the document outlining the existing versus ideal services. The motion passed with one abstention. Kristie and Chris will work on this, and recommendations will be brought back to the BHAC at the next meeting.

Future meeting dates:

The November 22, 2013 and January 10, 2014 meeting dates are already scheduled. The Council decided that March 28, 2014 will work for another meeting if the room is available.

Public Comment

Norm brought a flyer about a movie event that is on September 15th at the Hannah Community Center at 2:00 p.m. sponsored by MDRC.

Marcia announced that the Recovery Institute location has moved and they will be having an open house.

Linda announced that the NAMI annual walk is Sept 21st in Novi at noon. You can get more info at www.namimi.org

Chris stated that "The Anonymous People" movie is being released in certain areas. There is a website with more information on how to get it in your area. It will be showing on Tuesday, September 24^{th} at the Rackham Auditorium on the University of Michigan campus. It will also be shown at the SUD conference.

Becky announced that the Primary Care Association conference is in Grand Rapids on November 20th. You can get more info at www.mpca.net.

Chris wanted people to know that the President made a declaration about Recovery Month. He will send it out to the BHAC.

Jeff moved to adjourn; Norm seconded. The meeting was adjourned at 2:43 p.m.